

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Umatilla**

System Name: **City of Pendleton**

Month/Year: **Sep-2024**

PWS ID#: 41 - **000613**

Minimum test pressure applied: **10.5** psi

Plant ID: WTP - **A**

Minimum test pressure req'd: **10.07** psi

(e.g., "A")

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] ⇔

PDR = Pressure Decay Rate

LRC = Log Removal Credit

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	PDR <sub>Max</sub> [psi/min]		LRC [log removal]	DIT Daily
				0.154		4.00	
				Highest PDR of day [psi/min]	Lowest LRV <sub>ambient</sub> of day [log removal]		[Y/N] or "off"
1	0.045	0.062	N/A	0.08	4.07		Y
2	0.046	0.062	N/A	0.07	4.07		Y
3	0.046	0.064	N/A	0.07	4.03		Y
4	0.045	0.068	N/A	0.07	4.10		Y
5	0.047	0.062	N/A	0.08	4.04		Y
6	0.045	0.065	N/A	0.08	4.09		Y
7	0.046	0.059	N/A	0.07	4.13		Y
8	0.047	0.076	N/A	0.08	4.05		Y
9	0.050	0.065	N/A	0.07	4.09		Y
10	0.047	0.068	N/A	0.08	4.06		Y
11	0.046	0.066	N/A	0.07	4.11		Y
12	0.046	0.060	N/A	0.07	4.14		Y
13	0.046	0.069	N/A	0.08	4.08		Y
14	0.046	0.070	N/A	0.08	4.09		Y
15	0.048	0.067	N/A	0.06	4.17		Y
16	0.045	0.065	N/A	0.06	4.19		Y
17	0.046	0.068	N/A	0.06	4.15		Y
18	0.046	0.065	N/A	0.07	4.07		Y
19	0.046	0.061	N/A	0.07	4.12		Y
20	0.047	0.074	N/A	0.07	4.15		Y
21	0.046	0.059	N/A	0.07	4.11		Y
22	0.046	0.061	N/A	0.07	4.12		Y
23	0.045	0.060	N/A	0.07	4.13		Y
24	0.048	0.061	N/A	0.07	4.12		Y
25	0.048	0.063	N/A	0.07	4.11		Y
26	0.046	0.062	N/A	0.07	4.16		Y
27	0.049	0.059	N/A	0.06	4.06		Y
28	0.047	0.068	N/A	0.06	4.19		Y
29	0.048	0.056	N/A	0.06	4.20		Y
30	0.046	0.064	N/A	0.06	4.22		Y

95% of daily turbidity readings ≤ 1 NTU? [Y/N]	All turbidity readings ≤ 5 NTU? [Y/N]	All IFE turbidity readings ≤ 0.15 NTU? [Y/N]	Performance std met? [Y/N] (PDR ≤ PDR <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
Yes	Yes	Y	Yes	Yes
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
Yes	Yes	Yes	Yes	

PRINTED NAME: *Tim Smith* DATE: *10-1-24*  
 SIGNATURE: *Tim Smith* WT CERT #: *7052*  
 Notes: PHONE #: *541-379-1195*

♣ Used for optimization purposes only.

## OHA-DWS

### Disinfection Monthly Operating Report

System Name: City of Pendleton

PWS ID#: 41 - 613

Plant ID : WTP - A

0.5

Log  
Inactivation  
Disinfection

Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) * [mg/L = ppm]	Contact Time (T) [minutes]	Actual CT C x T (Formula)	Temp [° C]	pH	Required CT (Formula)	CT Met? * [Yes / No] (Formula)	Peak Hourly Demand Flow [GPM]	Notes (e.g. "Plant Off")
1	0.796	114	90.8	19.2	7.84	14	YES	1,638	
2	0.936	105	98.3	19.9	7.84	13	YES	1,662	
3	0.649	108	70.0	20.5	7.85	12	YES	1,650	
4	0.608	106	64.5	21.0	7.87	12	YES	1,759	
5	0.638	118	75.3	20.8	7.83	12	YES	1,616	
6	0.618	105	64.9	20.9	7.89	12	YES	1,746	
7	0.668	117	78.2	21.0	7.89	12	YES	1,591	
8	0.628	117	73.5	21.0	7.91	12	YES	1,640	
9	0.648	114	73.9	20.8	7.85	12	YES	1,622	
10	0.648	114	73.9	20.8	7.85	12	YES	1,622	
11	0.589	95	56.0	20.3	7.89	13	YES	1,782	
12	0.592	95	56.2	20.3	7.89	13	YES	1,782	
13	0.499	106	52.9	19.8	7.84	13	YES	1,737	
14	0.667	107	71.4	18.4	7.73	14	YES	1,683	
15	0.707	111	78.5	18.3	7.71	14	YES	1,591	
16	0.737	107	78.9	18.9	7.72	13	YES	1,789	
17	0.717	109	78.1	18.7	7.71	13	YES	1,705	
18	0.717	111	79.5	17.6	7.70	14	YES	1,614	
19	0.776	112	86.9	17.5	7.68	14	YES	1,585	
20	0.826	103	85.1	17.4	7.69	15	YES	1,803	
21	0.747	111	82.9	17.9	7.70	14	YES	1,573	
22	0.717	98	70.2	17.9	7.67	14	YES	1,610	
23	0.736	112	82.4	17.0	7.69	15	YES	1,615	
24	0.746	95	70.8	17.1	7.73	15	YES	1,708	
25	0.766	107	82.0	17.6	7.68	14	YES	1,598	
26	0.727	110	80.0	18.4	7.70	14	YES	1,718	
27	0.657	124	81.5	19.1	7.73	13	YES	1,570	
28	0.657	103	67.7	18.3	7.71	14	YES	1,678	
29	0.658	85	55.9	18.0	7.70	14	YES	1,606	
30	0.906	105	95.1	18.1	7.69	14	YES	1,597	

\* If chlorine concentration at entry point < 0.2 mg/L, or CT not met, notify DWS within 24 hours.

**Submit this monthly report by the 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350

email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)  
fax: 971-673-0458